COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

2 . E - A.

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED SHOE SOLE PROVIDED WITH RETRACTABLE ANTI-SLIPPING MEANS.

the specification	of which: (check one)				
REGULAR OR DESIGN APPLICATION					
[]	is attached hereto.				
. []	was filed on as application Serial No and was amended on (if applicable).				
	PCT FILED APPLICATION ENTERING NATIONAL STAGE				
[x]	was described and claimed in International application No. PCT/IT2003/000714 filed on 4 November 2003 and as amended on (if any).				
I hereby state that I has amended by any a	ave reviewed and understand the contents of the above-identified specification, including the claims amendment referred to above.				
I acknowledge the de Regulations, §1.56.	uty to disclose information which is material to patentability as defined in Title 37, Code of Federa				

PRIORITY CLAIM

I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

Country	Application Number	Date of Filing (day, month, year)	Priority Claimed
ITALY	RM2002A000556	5 November 2002	YES

(Complete this part only if this is a continuing application.)

I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status-patented, pending, abandoned)

POWER OF ATTOKNEY	
The undersigned hereby authorizes the U.S. attorney or agent named herein to a STUDIO FERRARIO as to any action to be taken in the Patent and Trawithout direct communication between the U.S. attorney or agent and the under persons from whom instructions may be taken, the U.S. attorney or agent named here	rsigned. In the event of a change in the
As a named inventor, I hereby appoint the following attorney(s) to prosall business in the Patent and Trademark Office connected therewith: For Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 35,041, Eric JENSEN, Reg. No. 37,855, Thomas W. PERKINS, Reg. No. Jr., Reg. No. 41,949, c/o YOUNG & THOMPSON, Second Floor, Virginia 22202.	Robert J. PATCH, Reg. No. 17,355 2 5,590 , Benoît CASTEL, Reg. No. No. 33,027, and Roland E. LONG
Address all telephone calls to Young & Thompson at 703/521-2297	7 .
I hereby declare that all statements made herein of my own knowled made on information and belief are believed to be true; and further with the knowledge that willful false statements and the like so imprisonment, or both under Section 1001 of Title 18 of the United false statements may jeopardize the validity of the application or as	made are punishable by fine of States Code and that such willfu
Full name of sole or first inventor: BIANCUCCI Demetrio (given name, family name)	<u> </u>
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Inventor's signature <u>HJURION</u> Burely	
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Full name of second joint inventor, if any: BRASCA Alfredo (given name, family name)	
Inventor's signature Brasce Alkerts	Date 23-03-2005
Residence: Via Civitanova, 79 I-62012 Civitanova Marche - Italy Post Office Address:	Citizenship: Italian
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Full name of third joint inventor, if any: (given name, family name)	
Inventor's signature	Date
Residence:	Citizenship:
Post Office Address:	